

**ARKANSAS INSURANCE DEPARTMENT****2005 FORM AID AC FPRF-Q**

Accounting Division
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE: (501) 371-2605
www.arkansas.gov/insurance/

**ESTIMATED FIRE PROTECTION PREMIUM TAX
PROPERTY/CASUALTY INSURANCE COMPANY**

____ ORIGINAL FILING

____ AMENDED FILING

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)	
COMPANY NAME			
MAILING ADDRESS			
CONTACT PERSON			
TELEPHONE NUMBER		EXT	FAX NUMBER
EMAIL ADDRESS			

INSTRUCTIONS:**All P&C insurers must file this form even if no business was written during the reporting period.****Complete each line using the line-by-line instructions.**

- **Line 1** Enter the amount of estimated fire protection tax due for the quarter.
- **Line 2** Compute any penalty due with this payment.
- **Line 3** Add Lines 1 and 2 together and enter result here.

DO NOT TAKE ANY CREDITS FOR PRIOR YEAR PAYMENTS.**FILING DEADLINE FOR QUARTER**

(Mark one)

1st Quarter: Due May 16 ☐2nd Quarter: Due August 15 ☐3rd Quarter: Due November 15 ☐

1. Estimated Fire Protection Quarterly Tax	1.
2. Penalty (Late report or payment \$100 per day)	2.
3. AMOUNT DUE	3.

Make a separate check payable to:**FIRE PROTECTION PREMIUM TAX FUND**

Mail to: Arkansas Insurance Department

Attn: Accounting Division

1200 West Third Street

Little Rock, AR 72201-1904

To Contact Us: Phone 501-371-2605 or Website: www.arkansas.gov/insurance/

Signature of Officer
(Must be an original signature)

Date